

EPA REGISTRATION 67690-16
VOLUME 5



SePRO Corporation • 11550 North Meridian Street • Suite 600 • Carmel, Indiana 46032-4565
Phone: (317) 580-8282 Fax: (317) 428-4577

November 22, 2010

Kelly Ballard
Risk Management and Implementation Branch 2
Office of Pesticide Programs (7508P)
Document Processing Desk (DCI/PRD)
U.S. Environmental Protection Agency
2775 South Crystal Drive
Arlington, VA 22202

Subject: 90-Day Data Call-In Response for Flurprimidol (125701)

Dear Ms. Ballard:

SePRO Corporation (11550 North Meridian Street, Suite 600, Carmel, IN 46032, EPA Company Number 67690) is submitting a response to the product-specific Data Call-In notice (DCI) for the active ingredient flurprimidol, dated September 1, 2010. Please find enclosed the following information in support of the 90-Day Data Call-In response:

- Cover letter;
- Application for Registration (EPA Form 8570-1);
- Data Call-In Response Form; and
- Requirements Status and Registrant's Response

If you have any questions or need additional information, please do not hesitate to contact me at (317) 216-8280.

Sincerely,

A handwritten signature in black ink, appearing to read "Tyler Koschnick". The signature is fluid and cursive, with a large initial "T" and "K".

Tyler Koschnick
Director, Research and Regulatory Affairs

Enclosures

5.7.
NOV 23 2010



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060

		United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I					
1. Company/Product Number 67690		2. EPA Product Manager Erik Kraft		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
4. Company/Product (Name) SePRO Corporation / Flurprimidol		PM# 20			
5. Name and Address of Applicant (Include ZIP Code) SePRO Corporation 11550 N. Meridian St., Suite 600 Carmel, IN 46032-4565 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____			
Section - II					
<input type="checkbox"/> Amendment - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____			
<input type="checkbox"/> Resubmission in response to Agency letter dated _____		<input type="checkbox"/> "Me Too" Application.			
<input type="checkbox"/> Notification - Explain below.		<input checked="" type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For section I and Section II.) Submission of 90-day Data Call-In Response.					
Section - III					
1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			
Section - IV					
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name James Messina		Title Authorized Representative of SePRO Corp.		Telephone No. (Include Area Code) (202) 772-4932	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Director of Research & Regulatory Affairs			
4. Typed Name Tyler Koschnick, Ph.D.		5. Date November 22, 2010			

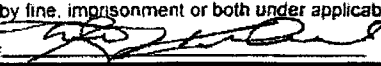
United States Environmental Protection
Agency Washington, D.C. 20460

OMB Approval 2070-0174

OMB Approval 2070-0107
OMB Approval 2070-0057

DATA CALL-IN RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary.

1. Company Name and Address SEPRO CORP 11550 N MERIDIAN ST SUITE 600 CARMEL, IN 46032		2. Case # and Name Chemical # and Name 125701 Flurprimidol		3. Date and Type of DCI and Number 01-Sep-2010 GENERIC ID # RR-125701-30036	
4. EPA Product Registration	5. I wish to cancel this product regis- tration volun- tarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA regis- tration number listed below.	6b. I agree to satisfy Generic Data requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirements on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirements on the attached form entitled "Requirements Status and Registrant's Response."
67690-16			Yes	N.A.	N.A.
8. Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.				9. Date 11/22/10	
Signature and Title of Company's Authorized Representative 				Director, Research and Regulatory Affairs	
10. Name of Company SePRO Corporation				11. Phone Number (317) 216-8580	

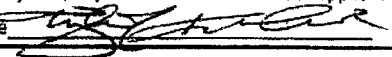
United States Environmental Protection
Agency Washington, D.C. 20460

OMB Approval 2070-0174

OMB Approval 2070-0107
OMB Approval 2070-0057

REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary

1 Company Name and Address SEPRO CORP 11550 N. MERIDIAN ST SUITE 600 CARMEL, IN 46032		2 Case # and Name Chemical # and Name 125701 Flurprimidol			3. Date and Type of DCI and Number 01-Sep-2010 GENERIC ID # RR-125701-30036				
4. Guideline Requirement Number	5 Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
835.6100	<u>Environmental Fate Data Requirements (Conventional Chemical)</u> Terrestrial field dissipation (1)					U, I, K, C	TEP	24	1.
835.6200	Aquatic field dissipation (2)					U, I, K, C	TEP	24	1.
850.5400	<u>Nontarget Plant Protection Data Requirements (Conventional Chemical)</u> Algal toxicity, Tiers I and II (3)					U, I, K, C	TEP or TGAI	12	1.
830.7050	<u>Product Chemistry Data Requirements (Conventional Chemical)</u> UV/Visible absorption					U, I, K, C	TGAI/PAI	8	1.
870.3465	<u>Toxicology Data Requirements (Conventional Chemical)</u> 90-day inhalation toxicity (4,5)					U, I, K, C	TGAI	24	1.
870.6200	Neurotoxicity screening battery (6)					U, I, K, C	TGAI	8	1.
870.7800	Immunotoxicity					U, I, K, C	TGAI	12	1.
10 Certification I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law Signature and Title of Company's Authorized Representative 						11. Date 11/22/10			
12 Name of Company SePRO Corporation						13. Phone Number (317) 216-8280			

